



Employee Suggestion Form

Employee Suggestion Program

A program of the Department of Human Resource Management

<i>What is ESP?</i>	The Employee Suggestion Program (ESP) is a program that provides employees with an opportunity to be rewarded for innovative and creative ideas for improving state government.
<i>Who can participate?</i>	All full-time, part-time, or wage/hourly employees of the Commonwealth of Virginia may submit suggestions.
<i>What are the rewards?</i>	Rewards range from cash to days of leave.
<i>How do I submit a suggestion?</i>	Read the Eligibility Requirements and Rules, then complete the Employee Suggestion Form and send it in as directed.
<i>Whom may I contact for questions on the ESP program?</i>	You may contact your Agency ESP Coordinator or the Department of Human Resource Management for questions regarding the program. Information is also available in the ESP Procedures Manual and HR Policy #1.21.

Eligibility Requirements

Suggestions are eligible if they meet the following criteria.

- Propose practical improvements to some part of state government.
- Are submitted in a timely manner.
- States specifically what the improvement is and how it can be made.
- Are submitted by:
 - an individual employee; or
 - a group of employees submitting the suggestion together and using the same form. (The names of all employees submitting the suggestion should be attached to the form.)

Suggestions are not eligible if they:

- are within the employee's authority or responsibility to implement;
- concern matters already under consideration;
- concern personal grievances or complaints; or
- concern policies or procedures that are not being followed or that are not being applied properly.

ESP Information

- Suggestions remain valid for one year from their submission.
- Cash awards normally are paid after one year so that savings can be calculated to determine the award amount. Awards are subject to federal, state, and local taxes that will be withheld according to applicable regulations.
- Decisions made by the Employee Suggestion Program are final. However, if new or additional information is presented, a decision will be reviewed.
- The ESP has the exclusive right to set award policy and structure. The State retains the right to terminate or change the Employee Suggestion Program at any time.
- The use of employee suggestions by the State shall not be the basis of further claims of any kind by the suggester, or the suggesters' heirs or assigns.
- Other requirements and rules are contained in the Employee Suggestion Program Procedures Manual, which is available from your Agency ESP Coordinator and as an attachment to DHRM Policy 1.21 on the DHRM website.

Fields that are marked with an asterisk are required.

*First Name	
Middle Initial	
*Last Name	
Position/Working Title	
*Agency	
Department/SubDivision	
Work or Home Address	
City/State/Zip Code	
*Daytime Telephone	
E-mail Address	
My suggestion will	<input type="checkbox"/> Save money <input type="checkbox"/> Make operations more efficient or effective <input type="checkbox"/> Increase Revenue <input type="checkbox"/> Improve Safety

	Y	N
Is this suggestion within your authority or responsibility to achieve or change?		
Can you make this change without the approval of higher level management?		
As far as you know, is this suggestion already being considered?		
Does this suggestion relate to a personal grievance or complaint?		
Does this suggestion relate to a policy that is not being applied properly?		
Have you submitted this suggestion before, within the past year? If yes, date and suggestion number:		

1. Describe the present situation, condition, method, or procedure to be improved. Please be specific. Attach pages if needed. Indicate number of pages attached. ____

2. What is your suggestion? Be specific – describe the improvement and tell how it can be made. Attach pages if needed. Indicate number of pages attached. ____

3. How will your suggestion improve the present situation or benefit the agency or state? Attach pages if needed. Indicate number of pages attached. ____

4. If money will be saved or generated, provide estimates of savings or revenues. Attach pages if needed. Indicate number of pages attached. ____

Is this suggestion being made by more than one employee? If so, list below.

By submitting this form, I certify that I am employed by the Commonwealth of Virginia. I have read the eligibility requirements and rules as stated on this form and in Policy #1.21, and I agree that the State shall have the right to make full use of my suggestion.

Name:

Date:

Submit this suggestion by sending it to the Employee Suggestion Program, Department of Human Resource Management, 101 N. 14th Street, Richmond, VA 23219, or by e-mailing to ESP@DHRM.state.va.us.